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CONFIRMATION NO. 5232

|   |   |                                   |  |  |
|---|---|-----------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>10/518,202  | <b>FILING OR 371(c)<br/>DATE</b><br>12/16/2004<br><b>RULE</b>   | <b>CLASS</b><br>126               | <b>GROUP ART UNIT</b><br>3749  | <b>ATTORNEY<br/>DOCKET NO.</b><br>30816-0094 |
| <b>APPLICANTS</b><br>Brian S. Vandrak, Highland Heights, OH;<br>John D. Duross, Chagrin Falls, OH;<br>Allan L. Haire, Garfield Heights, OH;   |   |                                   |  |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/32071 09/30/2004   |   |                                   |  |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED STATES OF AMERICA 10/605,486 10/02/2003  |   |                                   |  |  |
| ** SMALL ENTITY **  |   |                                   |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>OH | <b>SHEETS<br/>DRAWING</b><br>26  | <b>TOTAL<br/>CLAIMS</b><br>34                |
| <b>INDEPENDENT<br/>CLAIMS</b><br>1  |   |                                   |  |  |
| <b>ADDRESS</b><br>24115   |   |                                   |  |  |
| <b>TITLE</b><br>Gas fired portable unvented infrared heater   |   |                                   |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>850   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |